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7590

05/24/2004

Iandiorio & Teska
 260 Bear Hill Road
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Wynne D. Janis (Depositor's name)

August 24, 2004 (Signature)

Wynne D. Janis (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/954,655	09/18/2001	John R. Williams	DR-326J	7504

TITLE OF INVENTION: MOLECULAR RECOGNITION SENSOR SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CYGAN, MICHAEL T	2855	073-053010

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Charles Stark Draper Laboratory, Inc.

Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0002 (enclose an extra copy of this form).

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(Date)

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/30/2004 HMEKONE1 00000029 09954655

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



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August 24, 2004

Mail Stop Issue Fee
Commissioner for Patents
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Alexandria, VA 22313-1450

SUBJECT:	Applicants:	Williams et al.
	Serial No:	09/954,655
	Filed:	September 18, 2001
	For:	MOLECULAR RECOGNITION SENSOR SYSTEM
	Examiner:	Cygan, Michael T.
	Date NOA Mailed:	May 24, 2004
	Group:	2855
	Confirm. No.:	7504
	Docket No:	DR-326J

Dear Sir:

Enclosed are the Form PTOL-85 and a check in the amount of \$995.00, including \$665.00 for the Issue Fee, \$300.00 for the publication fee and \$30.00 for ten (10) copies of the issued patent.

If at any time it appears that a telephone conference with counsel would help to advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts, at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit any overpayment to my deposit account.

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Sincerely,

David W. Poirier
Reg. No. 43,007

DWP:wj
Enclosures

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Wynne D. Janis